

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036254

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

318
FILED OCT 3 1962

1003

9323

VS 300
Rev. 4/59

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DATE AMENDED
20 7/9/62
INSTEAD OFAMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in lb LIFE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4816 San Francisco		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 4816 San Francisco		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Karl Middle G. Last Herrmann		4. DATE OF DEATH Month 9 Day 26 Year 62	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-16-01
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dept. Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Farm Machinery	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
13a. FATHER'S NAME George Herrmann		13b. MOTHER'S MAIDEN NAME Minnie Liebker	14. NAME OF HUSBAND OR WIFE Louise Herrmann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs. Louise Herrmann 4816 San Francisco (15)	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 450.0 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Transverse myelitis of cord			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from JULY 10, 1962 to SEPT 26, 1962 and last saw her alive on SEPT. 25, 1962 Death occurred at 10:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Alon F Feutz M.D.		22b. ADDRESS 634 W. Grand	
22c. DATE SIGNED 9/27/62		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/29/62	23c. NAME OF CEMETERY OR CREMATORY New Bethlehem	
24. FUNERAL DIRECTOR ADDRESS Calvin F. Feutz 4828 Natural Bridge Blvd.		25. DATE RECD. BY LOCAL REG. SEP 28 1962	
26. REGISTRAR'S SIGNATURE Earl Smith. M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Alan Denk
Mo-Theatre Bldg.

634 N. Grand

Je 1-6050 or JE 3-5858

Hours:

Thurs. 2 PM to 3 PM Only

Fri No Hours

Sat 10 to 12 AM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert E. Muhlman

Licensed Embalmer No. 4916

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.